

☐ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/7

or

☒ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 04/01/2009 **THROUGH** 06/30/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

Save California Trauma Centers

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

Los Angeles

CA

90067

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

CA legislature on trauma center funding and health care access issues. CA Health and Human Services Agency and State Emergency Medical Services Authority on trauma center funding.

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>4000.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>4000.00</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/30/2009

At (City and State)
Los Angeles CA

By (Signature of Employer or Responsible Officer)
Burt Margolin

Name of Employer or Responsible Officer (Type or Print)
Burt Margolin

Title
President

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: Save California Trauma Centers**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
The Margolin Group Inc. Los Angeles, CA 90067	4000.00	0.00	0.00	4000.00	33500.00

☐ If more space is needed, check box and attach continuation sheets
TOTAL THIS PERIOD (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 4000.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: Save California Trauma Centers**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)
 Also enter the total of Section C on Line C of
 the Summary of Payments section on page 1.

\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed
 Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

 TOTAL SECTION
 D (1 + 2) Also
 enter the total of
 Section D on Line
 D of the Summary
 of Payments
 section on page 1.

\$ 0.00

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION
 Also, enter the total of Section E on Line E of the
 Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: Save California Trauma Centers

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

ATTACHMENT FORM 635-C
PAYMENTS RECEIVED BY TO LOBBYING COALITIONS
(Attachment to Form 635)

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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

Save California Trauma Centers

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
Cedars-Sinai Medical Center Los Angeles CA 90048	\$ 0.00	\$ 1500.00
Loma Linda University Hospital Loma Linda CA 92324	\$ 0.00	\$ 1500.00
Mission Hospital Regional Medical Center Mission Viejo CA 92691	\$ 0.00	\$ 1500.00
County of Alameda Oakland CA 94612	\$ 0.00	\$ 1500.00
Riverside Community Hospital Riverside CA 92501	\$ 0.00	\$ 1500.00
Huntington Hospital Pasadena CA 91109	\$ 0.00	\$ 1500.00
Northridge Hospital Medical Center Northridge CA 91328	\$ 0.00	\$ 1500.00

ATTACHMENT FORM 635-C
PAYMENTS RECEIVED BY TO LOBBYING COALITIONS
(Attachment to Form 635)

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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

Save California Trauma Centers

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
Providence Holy Cross Medical Center Mission Hills CA 91345	\$ 0.00	\$ 1500.00
Arrowhead Regional Medical Center - County of San Bernardino San Bernardino CA 92415	\$ 0.00	\$ 1500.00
Catholic Healthcare West - St. Mary Medical Center Pasadena CA 91101-2113	\$ 0.00	\$ 1500.00
St. Francis Medical Center Lynwood CA 90262	\$ 0.00	\$ 1500.00
Riverside County Regional Medical Center Moreno Valley CA 92555	\$ 0.00	\$ 1500.00
County of Santa Clara San Jose CA 95110-1705	\$ 0.00	\$ 1500.00
California Hospital Medical Center - LA Los Angeles CA 90015	\$ 0.00	\$ 1500.00

(8/95)

ATTACHMENT FORM 635-C
PAYMENTS RECEIVED BY TO LOBBYING COALITIONS
(Attachment to Form 635)

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FORM 635-C
1990

Period Covered 04/01/2009 Through 06/30/2009

Cumulative Period Beginning 01/01/2009

Name of Lobbying Coalition:

Save California Trauma Centers

Name and Business Address of Coalition Members	Amount Received This Period	Cumulative Amount Received Since January 1 of Biennial Legislative Session
Memorial Health Services - Long Beach Memorial Medical Ctr. Long Beach CA 93111	\$ 0.00	\$ 1500.00
County of Los Angeles Sacramento CA 95814	\$ 4000.00	\$ 11000.00